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	Eleva Constant	. • • • • • • • • • • • • • • • • • • •	ATES OF 18	vvasnington, D.C. 20231						
[APPLICATION NUMBER	FILING/RECEIPT DATE	FIR	ST NAMED APPLICANT	ATTORNEY DOCKET NO./TII	TLE				
	09/351,723	07/12/99 WOHL	SEN		R 1094					
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	CHARLES E GOT 540 UNIVERSIT	•			NOT ASSIGNED					
	SUITE 300 PALO ALTO CA	94301			2741					
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37 CFR for a sr to this	1:136(a). If any of items 1 on the second second items 1 on the se		is missing, 0.00 for a n	the SURCHARGE set I on-small entity, must	orth in 37 CFR 1.16(e) of also be timely submitted in	\$65.00				
□ sma	ll entity (statement filed)	n are filed within the period non-small entity is \$	30.0	e, the total amount o	wed by applicant as a					
□ 1.]	The statutory basic filing fe	_	1 -		·					
	☐ missing. ☐ insufficient.				74					
,	Applicant must submit \$_claiming such status (37 C The following additional cla	FR 1.27).	plete the b	asic filing fee and/or fil	e a small entity statement					
	\$for	total claims or	ver 20.	T.	•					
	\$for	independent o	claims over	3.						
	\$for mu Applicant must either sub	ltiple dependent claim surch mit the additional claim fees	arge. or cancel a	additional claims for wh	nich fees are due.					
□ 3.	The oath or declaration:									
[☐ is missing or unsigned.☐ does not cover the newAn oath or declaration in co		3, including	residence information	and identifying the applicat	tion by				
□ 4. 1	the above Application Num	ber and Filing Date is requir n or declaration is/are by a p	ed.	·		•				
ار	A properly signed oath or c Application Number and Fi	T."			plication by the above					
_	Duce 1110	ig joint inventor(s) is missing		<u> </u>						
i	inventor(s), identifying this	impliance with 37 CFR 1.63 application by the above Ap	plication N	umber and Filing Date,	is required.					
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		a language other than Englis		imed williout payment	•					
ļ	Applicant must file a verifie previously submitted; and	d English translation of the a a statement that the translat	application,		in 37 CFR 1.17(k), unless	00000004 09351723				
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Direct to		about this notice to "Attention				7				
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Initial Patent Examination Division (703) 308-1202

FORM PTO-1533 (REV. 9/98)

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001/PTO U.S. Department of Cor Rev. 10/95 Patent and Trademark		Application Number	0	9/351,	723	17 "
		Filing Date	7	/12/99] \
TRANSMITTAL I	FORM	First Named Invento	or F	Robert	C. Wohlsen	
(to be used for all correspondence after in	tial filing)	Group Art Unit	2	741		
		Examiner Name				
Total Number of Pages in This Submis	sion 7	Attorney Docket Nun	nber 1	094		J
	ENCLOSU	RES (check all that a	ipply)]
Fee Transmittal Form		nment Papers Application)			fter Allowance Communication Group	
Fee Attached	Drawii	ng(s)			ppeal Communication to Board Appeals and Interferences	
Amendment / Response	Licens	on Checklist and mpanying Petition onvert a sional Application			ppeal Communication to Group ppeal Notice, Brief, Reply Brief)	
After Final				P	roprietary Information	5
Extension of Time Request				s	datus Letter	
Power		of Attorney, Revocation ge of Correspondence Add	dress		dditional Enclosure(s) lease identify below)	
Information Disclosure Statement/PTO-1449	Termi	nal Disclaimer				
Certified Copy of Priority Document				origina	al signed declaration,	
Response to Missing Parts/ Incomplete Application				postca		
Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks				,	
SIGNAT	URE OF APP	LICANT, ATTORNEY	, OR AG	ENT		
Firm or Individual name Charles E. Gotlie	b .					
Signature Charles	E. 9	1000			·	
Date September 10, 1	999					
		ertificate of Mailing				1
hereby certify that this correspondence is being depaddressed to: Assistant Commissioner for Patents, V	osited with the Uni Vashington, D.C. 20	ted States Postal Service as f 0231 on this date:	first class m <u>S</u>	ail in an er eptember	velope 10, 1999	1
Typed or printed name Lydia Moran		т		1	·	
Signature Judie -	llerse	n	Date	Sep	otember 10, 1999	J

Burden Hour Statement: his form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/17 (modified) (6/95)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

, 002/PTO	U.S. Department of Commerc	Complete if Known						
Rev. 10/95 Patent and Tradematic Office		Application Number	09/351,723					
		Filing Date	7/12/99					
FEE TR	RANSMITTAL	First Named Inventor	Robert C. Wohlsen					
		Group Art Unit	2741					
		Examiner Name						
TOTAL AMOUNT OF PA	AYMENT (\$) 130	Attorney Docket Number	1094					

OTAL AMOUNT OF PAYMENT (4) 130 Attorney Docket Number 1094								
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)							
1 The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:	3	ADDI1	IONA	L FEE:	S			
Deposit Account 07-1738	Large Entity Small Entity							
Deposit	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Description	Fee Paid		
Account Name Law Offices of Charles E. Gotlieb	105	130	205	65	Surcharge-late filing fee or oath	130		
Charge Any Additional Charge the Issue Fee Set in 37	127	50	227	25	Surcharge - late provisional filing fee or			
Fee Required Under 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR	139	130	139	130	cover sheet Non-English specification			
1.311(b)	147	2390	147	2390	For filing a request for reexamination			
2. X Payment Enclosed	112	920	112	920	Requesting a publication of SIR prior to Examiner action *			
Check Order Other	113	1840	113	1840	Requesting publication of SIR after			
Check Order Other	115	110	215	55	Examiner action * Extension for response within first month			
FEE CALCULATION (fees effective 10/1/98)	116	380	216	190	Extension for response within second month	th		
1. FILING FEE	117	870	217	435	Extension for response within third month			
Large Entity Small Entity	118	1360	218	680	Extension for response within fourth month	· []		
Fee \rightarrow Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	119	300	219	150	Notice of Appeal			
101 760 201 380 Utility filing	120	300	220	150	Filing a brief in support of an appeal			
	121	260	221	130	Request for oral hearing			
100 310 206 155 Design filling fee	138	1430	138	1430	Petition to institute a public use proceeding	,		
108 760 208 380 Reissue filing fee	140	110	240	55	Petition to revive unavoidably abandoned application			
114 150 214 75 Provisional filing fee	141	1210	241	605	Petition to revive unintentionally abandoned application			
SUBTOTAL (1) (\$)	142	1210	242	605	Utility issue fee (or reissue)			
2. CLAIMS Fytra helow Fee Paid	143	430	243	215	Design Issue Fee			
Z. CLAIMS Extra below Fee Paid	144	580	244	290	Plant Issue Fee			
Total Claims 22 - 22 = X	122	130	122	130	Petitions to the Commissioner			
Claims 3 - 3 = X	123	50	123	50	Petitions related to provisional applications	,		
Multiple Dependent Claims	126	240	126	240	Submission of Information Disclosure Stmt			
Large Entity Small Entity	581	40	581	40	Recording each patent assignment per property (x no. properties)			
Fee Fee Fee Fee Fee Description Code (\$)	146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))			
103 18 203 9 Claims in excess of 20	149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))	·		
102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim	l				examined (or or a 1.120(b))	 !		
	Othe	r fee (spe	cify)					
109 78 209 39 Reissue Independent claims over original patent	Othe	r fee (spe	cifv)					
110 18 210 9 Reissue claims in excess of 20 and over original patent		(500	//					
					SUBTOTAL (3)	(\$) 130		
SUBTOTAL (2) (\$)	*Re	duced by	Basic F	iling Fee F	Pald			
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SUBMITTED BY					Complete (if	appiicable)		
Typed or Charles E Catliab	_				B M	29 164		

SUBMITTED BY					Complete (if applicable)	
Typed or Printed Name	Charles E. Gotlieb				Reg. Number	38,164
Signature	Charles E	y to	Date	9/10/99	Deposit Account User ID	Charles Gotlieb

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.